

Angler Education Workshop Registration

Name _____

Address _____

City & Zip _____

Phone, including area code _____

E-mail _____

Date and Time: Saturday, July 13, 2013, 9:00 P.M. – 3:00 P.M.

Location: DNR South Central Regional Headquarters (Gathering Waters & Glacier Room)
3911 Fish Hatchery Road
Fitchburg, WI

To help us tailor this workshop, please tell us about the types of groups with which you would use the Angler Education Program.

_____ Fishing Club; Ages of typical audience members: _____

_____ Scout Leader – Ages of Scouts: _____

_____ Teacher, Grade & Subjects: _____

_____ After School Provider or Youth Development, Age of children in your program: _____

_____ Adult Education, Describe: _____

_____ Other, Describe: _____

Dietary Restrictions: _____

Please print, complete and mail at least five days prior to the workshop. Remember to include your \$15.00 Workshop Commitment Fee, refundable upon arrival at the workshop. Your commitment fee becomes a donation to the Angler Education Program if you fail to attend without calling to cancel three days prior to the workshop. Please make the check payable to Department of Natural Resources and write Angler Education on the memo line.

Mail to:

Kim Anderson, FH/4

WI DNR

P.O. Box 7921

Madison, WI 53707-7921

Phone: 608-261-6431

